

Submit One Copy To Appropriate District	State of New Me	vico (EP 2 4 2019 Form C	-103
Office	Energy Minerals and Natu	ral Decourage	Revised November 3,	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	State of New Me Energy, Minerals and Natu	Rai Resources R	ECEIVED.	2011
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-315484	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505	220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.	
	S AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Na	me
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		LOVINGTON SAN ANDRES UNIT		
DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPERTY OF THE P	ON FOR PERMIT" (FORM C-101) FO	OR SUCH	8. Well Number	-
PROPOSALS.) 1. Type of Well: ⊠Oil Well □ Gas Well □ Other			082	
2. Name of Operator	s well Other		9. OGRID Number	
Chevron Midcontinent Inc.			241333	
3. Address of Operator			10. Pool name or Wildcat	
6301 Deauville Blvd., Midland, TX 79706			LOVINGTON, GRAYBURG-San And	ires
			20 Thoron, old i bolto sui i ili	
4. Well Location:				
	om the <u>SOUTH</u> line and <u>1630</u> fe		line	1
	-S Range 37-E NMPM			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,806' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTE	NTION TO:	عاري ا	SEQUENT REPORT OF:	,
1	LUG AND ABANDON	REMEDIAL WOR		
				ш
TEMPORARILY ABANDON			_	
FULL OR ALTER CASING [] IN	OLTIFLE COMPL	CASING/CEIVIEN	1 JOB	
OTHER:		⊠ Location is n	eady for OCD inspection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
	arly as possible to original grou	nd contour and has	been cleared of all junk, trash, flow lines	and
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)				
All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
location, except for utility's distribution infrastructure.				
Note: Lea County Electric has been notified about removal of their power poles				
Note: Dea County Dicease has been not	nea acout removar or men pow	er poies		
When all work has been completed, return	rn this form to the appropriate Γ	District office to sch	edule an inspection.	
SIGNATURE Katherine Pap	ageorgeTITLE	Decommissioning	Project ManagerDATE8.12.19_	=
TYPE OR PRINT NAMEKatherine F				
For State Use Only	whose or selection in the selection in t	iic.i apageorge@ci	111011L032-034-329	.—
APPROVED BY:		, _K	1 4 8	10
APPROVED BY: 10 MARA +10.	AT. TITLE (<i>U</i>	M DATE / 0-7-	17